

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIAL	ID NO.	DATE
FEE DETERMINATION	T-G		4/16
O.I.P.E. CLASSIFIER	T-G	32	5/4
FORMALITY REVIEW	TG	870	06-01-01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral)... Canceled
 ÷ Restricted

N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Date
Final	Original
1	6/19/03
2	6/27/04
3	✓
4	✓
5	✓
6	✓
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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H-S
6.4.01

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